



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 9026**

Bib Data Sheet

SERIAL NUMBER 10/086,585	FILING DATE 02/28/2002  RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 118001
-----------------------------	---------------------------------------	--------------	------------------------	----------------------------------

**APPLICANTS**

Steven A. Yon, San Diego, CA;

John D. Dobak III, La Jolla, CA;

Hans W. Kramer, Temecula, CA; Rebecca S. Inderbitzen, San Diego, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/787,599 03/21/2001 PAT 6,602,276

which is a CIP of 09/516,319 03/01/2000

which is a CIP of 09/052,545 03/31/1998 PAT 6,231,595

and is a CIP of 09/215,038 12/16/1998 PAT 6,261,312

This application 10/086,585

claims benefit of 60/272,550 03/01/2001

and claims benefit of 60/273,095 03/02/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 04/05/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY CA	SHEETS  DRAWING 12	TOTAL  CLAIMS 54	INDEPENDENT  CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>Rollins</i>	Initials		

**ADDRESS**

MAYER FORTKORT &amp; WILLIAMS

251 NORTH AVENUE WEST

WESTFIELD, NJ

07090

**TITLE**

Method and device for performing cooling- or cryo-therapies for, e.g., angioplasty with reduced restenosis or pulmonary vein cell necrosis to inhibit atrial fibrillation employing tissue protection

<b>FILING FEE</b>  <b>RECEIVED</b> 1077	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit